UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

PROCESSED FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

DEC 0 6 2005

UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | | |
|-------------------|----------------|--|--|--|--|--|
| OMB Number: | 3235-0076 | | | | | |
| Expires: | April 30, 2008 | | | | | |
| Estimated aver | age burden | | | | | |
| hours per respond | onse 16.00 | | | | | |

| SEC USE ONLY | | | | | |
|--------------|----------|--------|--|--|--|
| Prefix | | Serial | | | |
| | | | | | |
| DAT | E RECEIV | ED | | | |
| | | | | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
|---|----------------------------|
| Offer and Sale of Short-Term Secured Promissory Notes | |
| Filing Under (Check box(es) that apply): | JLOE TOTAL |
| Type of Filing: New Filing Amendment | SEC WALL |
| A. BASIC IDENTIFICATION DATA | College Co |
| Enter the information requested about the issuer | \$ 0h |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) DataLabs, Inc. | SING SING |
| Address of Executive Offices: (Number and Street, City, State, Zip Code) Telephone Num 101 Academy Drive, Ste. 250, Irvine, CA 92617 Telephone Num (949) 851-200 | |
| Address of Principal Business Operations: (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same Telephone Number and Street, City, State, Zip Code) Same | mber (Including Area Code) |
| Brief Description of Business: Enterprise-level software products, services and hosted solutions used in mission-c | ritical clinical trials. |
| Type of Business Organization Corporation Ilimited partnership, already formed business trust Ilimited partnership, to be formed other (please specify) | |
| Actual or Estimated Date of Incorporation or Organization: Month Year | AFARARA |

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer □ Director General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Maya, William E.. **Business or Residence Address** (Number and Street, City, State, Zip Code) 101 Academy Drive, Ste. 250, Irvine, CA 92617 Check Box(es) that Apply: Beneficial Owner □ Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Langford, James A. Business or Residence Address (Number and Street, City, State, Zip Code) 101 Academy Drive, Ste. 250, Irvine, CA 92617 Check Box(es) that Apply: Beneficial Owner ☐ Executive Officer ☐ Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Gleeson, Michael R. Business or Residence Address (Number and Street, City, State, Zip Code) 101 Academy Drive, Ste. 250, Irvine, CA 92617 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Gleeson, Richard E. Business or Residence Address (Number and Street, City, State, Zip Code) 101 Academy Drive, Ste. 250, Irvine, CA 92617 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Richards, Nicholas P. Business or Residence Address (Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

101 Academy Drive, Ste. 250, Irvine, CA 92617

Check Box(es) that Apply:

Business or Residence Address

(Number and Street, City, State, Zip Code)

☐ Beneficial Owner

■ Beneficial Owner

101 Academy Drive, Ste. 250, Irvine, CA 92617

Promoter

Full Name (Last name first, if individual)

Lovett, Gregory

Barnes, David

Business or Residence Address (Number and Street, City, State, Zip Code)

101 Academy Drive, Ste. 250, Irvine, CA 92617

☐ Executive Officer

□ Director

☐ Director

General and/or Managing Partner

General and/or
Managing Partner

| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | |
|--|---|-----------------------------|-------------------|---------------------------------------|-----------------------------------|--|--|--|
| Full Name (Last name first, if individual) | | | | | | | | |
| Myers Trust, John R. and Victo | ria L. | | | | | | | |
| Business or Residence Address | (Number a | and Street, City, State, Zi | p Code) | | | | | |
| 101 Academy Drive, Ste. 250, Irvin | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | |
| Full Name (Last name first, if indi | vidual) | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Barr, Robert | | | | | | | | |
| Business or Residence Address | (Number a | and Street, City, State, Zi | ip Code) | | | | | |
| 101 Academy Drive, Ste. 250, Ir | vine, CA 9 | 2617 | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | |
| Full Name (Last name first, if indi | Full Name (Last name first, if individual) | | | | | | | |
| Carels, Edward | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| 101 Academy Drive, Ste. 250, Irvine, CA 92617 | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | ☐ General and/or Managing Partner | | | |
| Full Name (Last name first, if indi | ividual) | | | | | | | |
| Hector, Zachary | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| 101 Academy Drive, Ste. 250, Ir | 101 Academy Drive, Ste. 250, Irvine, CA 92617 | | | | | | | |

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| D. INCORMATION ADOLES OFFERING | | | | | | | | | | | | | |
|---|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|
| B. INFORMATION ABOUT OFFERING Yes No | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | |
| 2. Wha | at is the m | inimum in | vestment 1 | that will b | e accepted | from any | individua | 1? | | | | | \$ 25,000 |
| | | | | | | | | | | | | | Yes No |
| | | | | - | | | | | | | | ••••• | 🛛 🗆 |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NONE | | | | | | | | | | | | | |
| | | | if individ | | tor triat br | N/A | carer only. | TIOIT | 4 | | | | |
| i uii ival | ine (Last I | iame mst, | ii iiiaiviai | udi <i>j</i> | | IV/A | | | | | | | |
| Rusines | s or Recid | ence Add | rece (Num | her and S | treet, City, | State 7: | Code) | | N/A | | | | |
| Busines | s of Resid | ience Audi | icss (inuffi | oci and Si | ireei, Chy, | State, LI | o code) | | 1N/A | | | | |
| Name o | f Associat | ed Broker | or Dealer | | | N/A | | | | | | | |
| | | | | | | | | | | | | | |
| States in | n Which P | erson List | ed Has So | licited or | Intends to | Solicit Pu | ırchasers | | | | | | |
| (Ch | eck "All S | states" or o | heck indi | vidual Sta | tes) | | | | | ****** | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | |
| Full Na | me (Last 1 | name first, | if individ | ual) | | N/A | | | | | | | |
| | | | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) N/A | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Associated Broker or Dealer N/A | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | | | | | | |
| (Check "All States" or check individual States) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 5.4.00 |
| [AL] [IL] | [AK] [IN] | [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | [DE] [MD] | [DC] [MA] | [FL] [MI] | [GA] [MN] | [HI] [MS] | [ID] [MO] | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | |
| L -J | r - J | <u> </u> | r J | | [] | r - 1 | | | | L -J | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security \$1,269,000 Debt..... \$1,269,000 Equity ☐ Preferred Common Convertible Securities (including warrants)..... Partnership Interests Other (Specify) \$<u>1,269,000</u> Total \$1,269,000 Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases 12 \$ 1,269,000 Accredited Investors.... Non-accredited Investors..... Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of Offering Rule 505......N/A Regulation A......N/A..... Rule 504......N/A Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Excluded amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees □ \$____ Printing and Engraving Costs **■** \$_15,000____ Legal Fees □ \$_____ Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify) Finders' fees

Total .

□ \$_____

□ \$_____

■ \$ 15,000

| | Enter the difference between the aggregate off uestion 1 and total expenses furnished in resp fference is the "adjusted gross proceeds to the issue." | onse to Part C - Question 4.a. This | | <u>\$1,254,000</u> |
|-------------|--|---|---|-------------------------------------|
| t f l | dicate below the amount of the adjusted gross pre- e used for each of the purposes shown. If the arnish an estimate and check the box to the left of sted must equal the adjusted gross proceeds to the uestion 4.b above. | amount for any purpose is not known, the estimate. The total of the payments | | |
| | Salaries and fees | | Payments to Officers, Directors, & Affiliates | Payments To Others |
| | Purchase of real estate | | \$ | S |
| | Purchase, rental or leasing and installation of r | nachinery and equipment | S | S |
| | Construction or leasing of plant buildings and | | | S |
| | Acquisition of other businesses (including the this offering that may be used in exchange for issuer pursuant to a merger) | | □ s | S |
| | | | | S |
| | Working capital | | S | ⊠ \$ <u>1,254,000</u> |
| | Other (specify) | | \$ | S |
| | Column Totals | | \$ | □ \$ ⊠ \$_1,254,000 1,254,000 |
| <u> </u> | D. | FEDERAL SIGNATURE | | |
| llowir | er has duly caused this notice to be signed by the g signature constitutes an undertaking by the issueff, the information furnished by the issuer to any n | ne undersigned duly authorized person. If the er to furnish to the U.S. Securities and Exchar | ge Commission, up | |
| | rint or Type) os, Inc. | Signature fangsford | Date August // | , 2005 |
| | Signer (Print or Type) . Langford | Title of Signer (Print or Appel President | | |
| | | | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of facts constitute federal criminal violations. (See 18 U.S.C. 1001.)